

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/16/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 95851, 97750-FC and 97546 on dates of service 07/26/02, 08/05/02, 08/21/02, 10/24/02 and 12/10/02. ___ with ___ submitted an updated table of disputed services on 03/25/04. The updated table excludes services that were on the original table that are no longer in dispute.

II. RATIONALE

- CPT code 95851 on dates of service 07/26/02, 08/05/02, and 08/21/02. The respondent denied the service as “4-By clinical practice standards, this procedure is incidental to the related primary procedure billed”. The respondent failed to specify what procedure this was incidental to, therefore the service will be reviewed per the 1996 Medical Fee Guideline. Range of motion testing reports for these dates of service support delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$216.00 (\$36.00 x 6 units) is recommended.
- CPT code 97750-FC on date of service 10/04/02. The respondent denied the service as “1-Maximum number of units has been reached”. The 1996 MFG Medicine Ground Rule I (E)(2)(a) states in part “FCEs are allowed a maximum of three times for each injured worker”. One Functional Capacity Evaluation has been performed on this injured worker according to the documentation submitted. The FCE report dated 10/04/02 supports delivery of service (4 hours) per Rule 133.307 (G)(3)(A-F). Reimbursement in the amount of \$400.00 (\$100.00 x 4 hours) is recommended.
- CPT code 97546-WH on date of service 12/10/02. The requestor submitted an EOB showing payment in the amount of \$307.20. Additional reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$616.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$616.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2nd day of April 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc